| Part B | | | | | | | | | | | | |
|--|---|--------------------------|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | |
| PROVIDER SERVICE SUMMARY | | | | | | | | | | | | |
| (This Information will be available on-line to parents, schools, and the general public) | | | | | | | | | | | | |
| PROVIDER INFORMATION NAME OF PROVIDER: Jamestown Elementary School | | | | | | | | | | | | |
| NAME OF FROVIDER. Samestown Elei | nemary School | | ≥ | | | | | | | | | |
| MAILING ADDRESS: 13750 Old Jamestown Road | | | | | | | | | | | | |
| CITY: Florissant | STATE: MO | | ZIP CODE: 63033 | | | | | | | | | |
| PHONE NUMBER: 314-953-4300 | | FAX NUMBER: 314-953-4313 | | | | | | | | | | |
| E-MAIL ADDRESS: tmncnchls@hazelwoodschools.org | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| PRIMARY CONTACT INFORMATION | | | | | | | | | | | | |
| NAME: Zella Williams | | PHONE NUMBER: | 314-953-5032 | | | | | | | | | |
| | <u></u> | | | | | | | | | | | |
| E-MAIL ADDRESS: zwillms@hazelwood | lschools.org | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| SERVICES | | | | | | | | | | | | |
| Provider status - check all that a | pply: | | | | | | | | | | | |
| For-profit organization School district | | | | | | | | | | | | |
| Non-profit organization | | School building | | | | | | | | | | |
| Faith-based organization | | ☐ Individual ☐ Other: | | | | | | | | | | |
| Areas to be served by provider: | | Other: | | | | | | | | | | |
| All school districts in Missouri | | | | | | | | | | | | |
| Specific districts or counties. Ple | ase list: St. Louis Co | ounty | | | | | | | | | | |
| Hazelwood School | DISTRICT | | | | | | | | | | | |
| Number of sessions per week: 3 | | | | | | | | | | | | |
| Minimum/maximum numbers: | | | | | | | | | | | | |
| Minimum number of students required I | pefore offering service | | | | | | | | | | | |
| Maximum number of students to be ser Cost per session: | ved at a session: 20 | 1 /2 | | | | | | | | | | |
| | | | | | | | | | | | | |
| Proposed location of service del ⊠ Student's school site (if negotiate | Ivery: | | | | | | | | | | | |
| Provider site | d with district) | | | | | | | | | | | |
| Other – explain | | | | | | | | | | | | |
| If service delivery is not at the student's | school, is transport | ation provided? If so, | , is there a separate fee? | | | | | | | | | |
| (Note: Districts are not required to prov | ride or pay for transp | ortation). Service del | ivery is at the student's school for students in | | | | | | | | | |
| the Hazelwood School District. Transportation home is provided only for students in the Hazelwood School District. | | | | | | | | | | | | |
| Certification of instructors: ☑ Baccalaureate degree in education | | | | | | | | | | | | |
| Baccalaureate degree in education Baccalaureate degree in related field of instruction. Please list related field(s): | | | | | | | | | | | | |
| Reading Specialist | | | | | | | | | | | | |
| Other: | | | | | | | | | | | | |
| Additional education and/or experience: | | | | | | | | | | | | |
| ✓ Masters level degrees or above in either reading or mathematics ✓ Missouri teacher certificated/licensed teachers | | | | | | | | | | | | |
| ✓ Missouri teacher certificated/licensed teachers ✓ Experience teaching students with specific disabilities | | | | | | | | | | | | |
| Experience teaching students with | s | 5 | | | | | | | | | | |
| ☐ Ability to speak languages other | | list: | | | | | | | | | | |
| | Ability to speak languages other than English. Please list: | | | | | | | | | | | |

MO 500-2398 (12-05)

| Tutor | ing subjects availa Reading | | Writing | \boxtimes | Math | | | | | | | |
|---|---|--|---|-------------|--------------|-----------|-------|---------------------------------------|----------|------------------------------------|--|--|
| Grade Levels Served: | | | | | | | | | | | | |
| \boxtimes | K-2 | \boxtimes | 3-5 | \boxtimes | 6 | | 6-8 | 3 | | 9-12 | | |
| Title or description of tutoring curriculum utilized: Balanced Literacy, ALEXS, Knowing Mathematics Marilyn Burns Classroom Math Library | | | | | | | | | | | | |
| Time | of Services: Before School After School Weekends Summer Other: | | | | | | | | | | | |
| Mode of Instructional Delivery: ☐ Individual one-on-one tutoring ☐ Small group instruction (2 to 5 students) ☐ Large group instruction (6 to 10 students) ☐ On-Line/Web-based ☐ Other: | | | | | | | | | | | | |
| Spec Meth | cifics of reporting tood: letters phone calls conference with conference with other: | pare | nts | hec | k all that a | | Ċ | ency: weekly bi-month other: | nthly | | | |
| Specific Student Population Served: If your organization has provided supplemental services to any of the following groups, please check the corresponding box. | | | | | | | | | | | | |
| | Low-income stur Minority students Migrant students Limited English Special educatio Other – describe Please indicate special expertis Indicate subgro | s profi on sto e: if you e in s | cient students (L udents u wish to only be some areas. | | | or servic | ce to | oward | specific | c subgroups of children because of | | |
| Eff. | etiveness: | | | | | | | | | | | |

Effectiveness:

Give a brief description of evidence you have that demonstrates effectiveness of your program/services. (This will be shared with parents).

We have not previously provided Supplemental Educational Services and have no data on our services. However, data from similar programs showed a positive effect on student attendance, discipline, and achievement. There was an improvement in attendance and growth in achievement as measured by scores on DRA reading levels and Tungsten Learning Assessments in mathematics. There was also a decrease in the number of office referrals. These improvements were larger for the SES tutoring group than for a control group who did not attend tutoring.